www.weldw2w.org

Agency Portal





Agency Referral



Women2Women (W2W) does not discriminate applicants by race, creed, color, ethnicity, national origin, religion, sexual orientation, gender expression, age, physical or mental ability, or marital status.

Grant Criteria & Guidelines

- Applicants must be female.
- > Applicants must demonstrate that they have resided within Weld County, excluding the St. Vrain School District area, for a minimum of six months.
- Applicants must be referred by a qualified 501(c)(3) agency AND the referring agency must submit the application on behalf of the recipient.
- All funds will be distributed directly to the holder of the bill; e.g. service provider, doctor, landlord, etc.
- > Applicants will be funded only if their needs cannot be met elsewhere and W2W shall be considered a 'fund of last resort'.
- All requests are funded at the discretion of the voting board and once made are not negotiable by the referring agency or the applicant.
- W2W will not help with the cost of bail, legal fees for those charged with criminal acts, hospital bills, payment to friends or family or credit card bills. Women2Women will not accept requests for funerals, or any expenses related to funerals.
- Financial assistance provided to an individual will be a one-time gift. Records will be kept and monitored by the board.

Additional Agency Information

- All applications must be submitted via W2W's online "Agency Referral" system.
- It is the goal of W2W to respond to all requests for funding within 48 hours (business days) but not all approved requests will be funded in this time period.
- W2W reserves the right to limit fund allocation due to low revenues.
- ▶ W2W will ask each recipient to perform an act of kindness, as payment for the help we have provided them in their time of need.
- It is the responsibility of the applicant and the referring agency to provide W2W with accurate updated information. This helps W2W to make good decisions and keep accurate records.

Subscribe to Our Email



Give A Hand Up

Whether you're a woman who has received help somewhere along your path to success or a woman who is thankful you've never experienced a financial crisis, you can help us continue to help Weld women in crisis.

DONATE

SUBMIT A GRANT REQUEST THROUGH OUR SECURE AGENCY PORTAL.

AGENCY REFERRAL

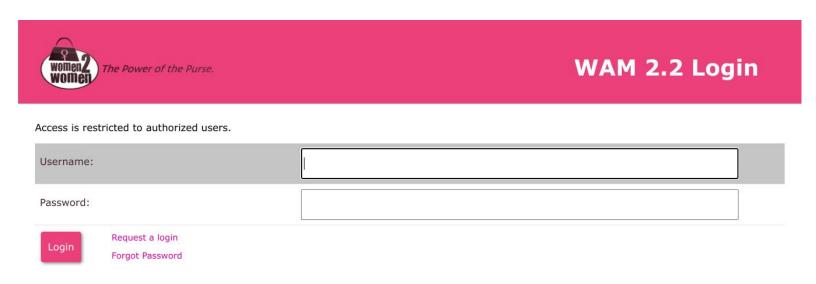
Agencies seeking further information or to obtain a login to submit a request to Women2Women, please contact us.



Login required for the Agency Portal of WAM

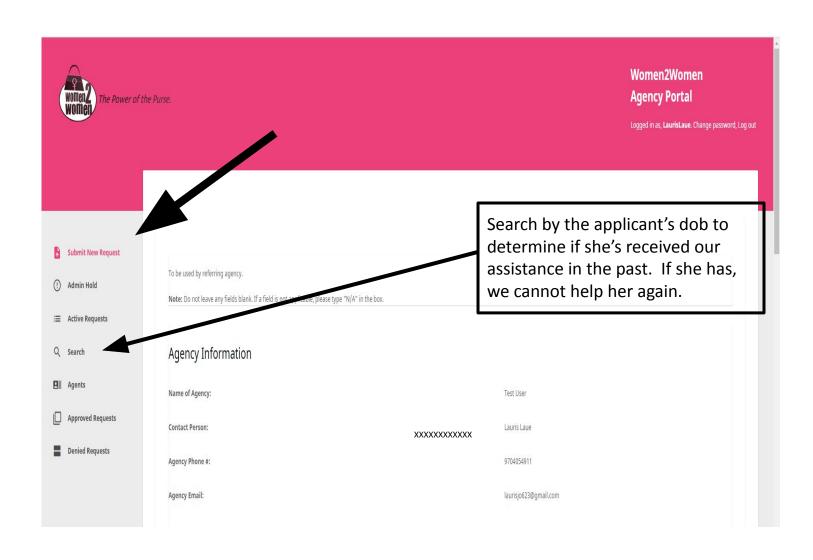
(W2W Application Management)

wam.weldw2w.org





Submitting a new request



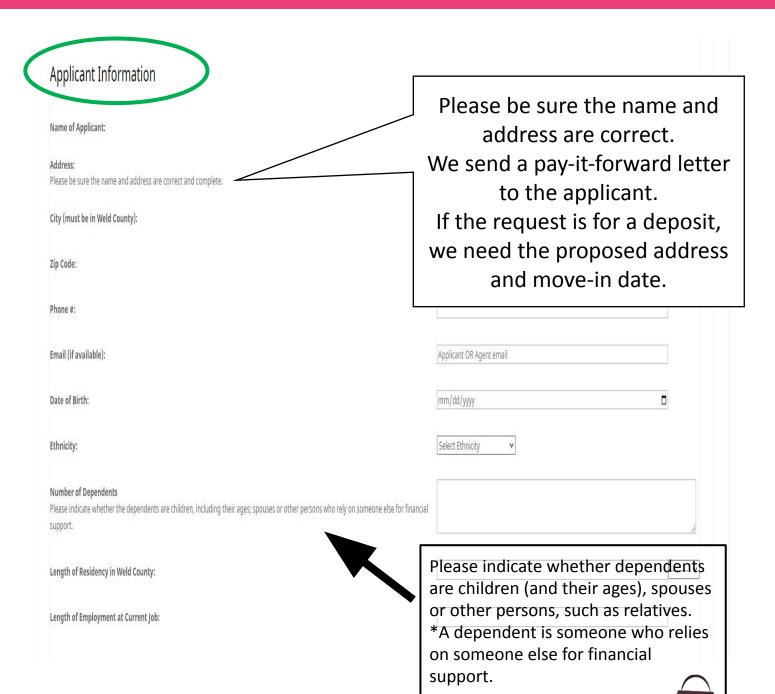


New Request Applicant Information



Women2Women Agency Portal

Logged in as, TestManager. Log out



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New Request Questionnaire



Questionnaire

Type of assistance needed:

Please fully explain what the applicant needs and why she needs it from W2W

Amount requesting:

Please fully explain what the applicant needs and why she needs it from W2W. Include info on whether the dependents are children, a spouse or another person such as a relative, or if the applicant shares expenses with a roommate. If she lives with others for whom she is not responsible, we need that information as well.

Please do not use the applicant's name or any identifying information.

Please list the specific resources you have applied for and were ineligible or denied:

Please describe steps to self-sufficiency that this assistance would support:

What would the outcome be if this application was NOT funded?

Does the applicant have a disability, or are they on SSDI?, or are they on SSDI?

Monthly household income in dollars:

Source of income:

Be specific. Include child support, employment, food stamps, Section 8 vouchers, all monies

Be sure to indicate if she has a disability. If she receives SSI or SSDI, this indicates a disability. If she identifies as having a disability, please mark the disability question as a "yes."

Be specific. Include child support, employment, food stamps, section 8 voucher; any monies or benefits which may be construed to be financial assistance. This is the HOUSEHOLD income.

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New Request Questionnaire



Women2Women Agency Portal

Logged in as, TestManager. Log out

Be specific as to the sources.

Is there a portion of this need that the applicant is providing?

Be specific and provide sources.

Billholder(s) Name, Address, Email, Phone, and Account Number (if applicable):

This cannot be the applicant. This is the person or entity to whom the money will be paid.

Files:

All information will be verified. Any falsified in well cause the immediate denial of applicant's request.

This cannot be the applicant.

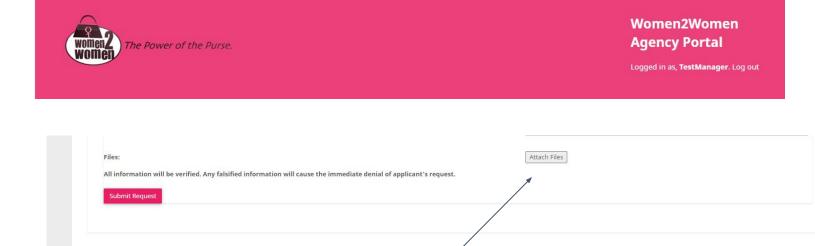
Provide a contact name, mailing address, email and phone number.

email and phone number.

The billholder is the person or entity to whom the money will be paid.



New Request Questionnaire



Please attach the following here:

- 1) A scanned image of her id or driver's license.
- 2) Any documents that help support the request. For example, a copy of the lease with her name on it; a copy of the bill with the amount, account number and mailing address.



Administrative Hold

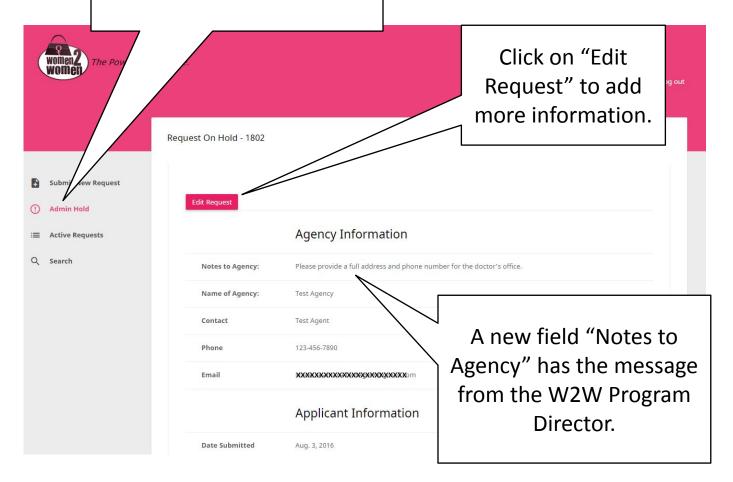
If the W2W Program Director needs more information she will put the application in Administrative Hold and it is returned for editing. The Agent receives an email requesting an update of the application.

Applications will be held for a *limited time*.





First, click on "Admin Hold" to see the request.





Length of Residency in Weld County:	12 years	
Length of Employment at Current Job:	5 years	The form is now editable but has all the original
Questionnaire	Susie needs \$645 to pay medical	information saved so you don't have to start
Describe the need and the amount needed:		all over.
How has your agency assisted this applicant?	We have assisted her with paren	You can also attach
Please describe steps to self-sufficiency that this assistance would support:	Susie lives paycheck to paycheck work and fall behind.	additional documentation at this
Does the applicant have a disability?	No v	time.
Monthly household income in dollars	850	
Source of income	Job	
Is there a portion of this need that the applicant is providing?	She has paid as much as she can after paying for prescriptions.	
Name, address and phone number of billholder(s):	Generic doctor's office, 456 Main Street, Greeley CO 80631. Phone is 303-222-1111	
All information will be verified. Any falsified informat	ion will cause the immediate denia	l of applicant's request.
Submit Request		

After entering the new information, click on "Submit Request."



SUCCESS!!!

